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## Employee Engagement in the PACU

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### Abstract

A clear vision is a powerful tool that can help advance employee engagement within nursing units. There is a great need for a compelling vision for the operation of a safe, efficient, equitable, effective, and patient centered healthcare delivery system. It is crucial to identify what actions are needed to achieve this vision and what realistic strategies are necessary for success. The purpose of this vision statement is to achieve excellence in nursing by establishing a common identity and direction that responds to an ever-changing healthcare environment. The project was conducted on a 25 bed peri-operative and post anesthesia care unit in a large metropolitan teaching and learning hospital. The project was implemented to increase and achieve better engagement through the nurses within the peri-operative and post anesthesia care units to promote better patient outcomes after surgery during a large transition within the hospital system. Data was collected through focus groups and manager and employee feedback. Prior to the intervention, nurse engagement depended on who was working the unit on that particular day. Who was working that day defined the energy of the unit. Post data revealed an inclusive vision statement for the unit that described the vision encouraged by the employees of the unit and what they were hoping to accomplish and achieve moving forward. Although successful for the creation of the new vision statement for the unit, it is recommended that further follow up and regular employee engagement meetings be attended to ensure employees are as actively engaged to promote the best possible patient outcomes.

*Keywords:* peri-operative and post anesthesia care unit, employee engagement, vision statement, patient outcome, patient safety

In a 25 bed peri -operative and post anesthesia care unit (PACU), in a busy metropolis in a distinguished hospital, there are nurses that work together to promote patient safety and care to the highest of their ability. There are however, a few small problems in this thriving hospital unit and one of them is employee engagement within a changing hospital organization which coincides to promote a better patient outcome. While many of the nurses work together to promote patient advocacy and safety, there are a few laggards, who have their own thoughts on what works best in this unit therefore creating a difficult unit culture.

Improving the workplace requires staff to be involved and innovations to be maintained. Various forces drive change such as poorly developed action plans, under –motivated staff, ineffective leadership and inappropriate leadership. It is important, therefore, that managers or change agents, identify an appropriate change theory or model to provide a framework for implementing, managing and evaluating change (Mitchell, 2013). At the forefront of change, are the attributes of those change agents who need to be skilled in the theories and implementations of planned change.

The change theory that would best help this hospital unit is Kurt Lewin's theory that identifies three stages through which change agents must proceed before change becomes part of a system which is through unfreezing (when change is needed), moving (when change is initiated) and refreezing (when equilibrium is established) (please see Appendix A for a more detailed explanation of this change theory).

Conning and Cook describe that when a diverse group come to work together in the work place, common ground needs to be forged with the acceptance of each other's communication styles, learning needs, accepting each other's ways and understanding the language differences (2010). There are differences wherever you go unfortunately and in the work place those

differences can parlay into negativity affecting a patient outcome. These are nurses and they should be at the forefront of patient advocacy and safety. If we don't have that, then these patients should be scared.

Looking at the statistical analysis for the hospital (please see Appendix B for a complete chart), the downward trend in the employee engagement shows that while most feel supported in their work, they do not feel supported with who they work with and that is apparent with how their culture of teamwork flows. From last year to this year, the overall satisfaction went from a 4.06 to a 3.91. Recognition and opportunity to do best were among the bigger setbacks for the year as well. A generational group can be identified as a cohort of people who are linked by sharing birth years and history. Each group can be viewed as having distinct behaviors and expectations (Conning and Cook, 2010).

Diagnostically, to achieve a cohesive working collaboration between generations, there needs to be a sharing of a common goal that all individuals can participate freely in without the fear of reprisal (Conning and Cook, 2010). To be on the same page the PACU needs to cohesively act together in a similar manner. At the time of this diagnosis, while the majority of the PACU staff at this hospital worked well in a cohesive manner, there were the few laggards that had insisted that their way was the right way. This made for a descriptive disconnect in the PACU depending on the days that these nurses were working together. Depending on the day, you either had a really good experience or a not so good one.

There is a great need for a compelling vision of how a patient-centered, safe, efficient, equitable, effective, and timely healthcare delivery system would operate, what actions are needed to achieve this vision, and what realistic strategies are needed for accomplishing the action (Zager and Walker, 2005). The quality of the care that the nurses give will be dependent

on those responsible for themselves and their counterparts working toward a shared vision. It is critical for all nurses to speak with a critical voice. To examine a common vision, it would need to explain a single statement that reflects the complexity of the unit, individual practice, the diverse backgrounds from which they come but should also speak to their commonalities, their shared vision and mission which is specific to the purpose of what they are trying to achieve. After observations of the PACU unit and environment there were six identified issues that created the engagement disconnect. They were: generational, behavior/communication, employee background, leadership, teamwork and personal values. (Please see Appendix C for a Ishikawa cause and effect diagram).

Consumers have become more knowledgeable about their healthcare needs and more demanding of quality clinical performance and accountability from their healthcare providers. Consumer savvy is providing an incredible opportunity that they must not lose (Zager and Walker, 2005). The purpose of creating a shared vision in the perioperative and PACU settings at this urban hospital are to achieve excellence in nursing that therefore creates an outstanding patient outcome. A common identity and direction that responds to an ever changing healthcare environment - with this in mind, the next step is to endorse the vision to transform nursing. A common misnomer in nursing is that if the nurse takes care of their patient, they are doing their job. In considering a vision statement, two questions need to be considered: does this communicate to the public the value and effect nurses have on healthcare and can this single statement reflect the complexity of individual practice and the future direction of the profession (Zager and Walker, 2005).

Nurses want to be committed to something that they believe in. Pride and excellence in what one does can translate to improved outcomes for patients. What makes a nurse satisfied

about her job? The quality of care that she or he gives to the patient? Their work environment? Other nurses around them? The most important issue is that nurses feel supported in their work. Gladwell, author of the Tipping Point, emphasizes that relatively minor change in the environment could have dramatic effect on how nurses behave and who they are (Zagner and Walker, 2005).

While the vision is used to maintain the new environment that is set forth for the new PACU it is also used as a sustainable method and advantage within the organization. A vision statement is a fundamental for leadership and strategy implementation, and forms an important tool for decision making during periods of change or transformation (Kukkurainen, Suominen, Rankinen, Harkonen & Kuokkanen, 2011). While some maintain different definitions for what a vision statement is, through the context of this paper, the vision statement is defined as a mental model for the employees of the new PACU to which that vision guides the employees choices and actions while working. This could also be described as a desired identity of the unit as shown in the daily work of the staff and managers.

Vision in a healthcare organization must focus on patient and family needs, on highly effective and service orientated processes, on cost effectiveness and on partnering for healthcare delivery systems in the community (Kukkurainen et al, 2011). In healthcare, maintaining the vision around patient centered care gives an aura and aspect of high quality care. Re-designs and improvements of units such as this one can improve and give power to patients and their families.

To change the vision, requires the staff to build a new identity and evaluate if this is what they see themselves working towards. Affecting a person's job satisfaction and commitment are the person/organization fit. However, job satisfaction, patient satisfaction and organizational

commitment are all associated with empowerment and empowerment is the issue challenged during an organizational change (Kukkurainen et al, 2011).

To plan this new vision, 25 PACU nurses and part of the new medical-surgical staff participated in 1 of 4 focus groups that were initiated regarding the new vision to be set forth. Questions were used to determine the effectiveness of the current working conditions and desires for the new PACU (Please see Appendix D for a complete list of questions that were asked). Common themes and barriers were brought up and discussed throughout the focus groups. However, it seemed that the findings of the analysis indicate a perceived lack of informal support from healthcare team members (Pfaff, Baxter, Jack & Ploeg, 2013). It's not that the team members didn't know how to be supportive, it's that they really didn't know how to be supportive in an environment that had already gone through so many changes. The lack of inter - professional collaboration seemed to weigh the staff down and many weren't willing to seek a rebuttal for it. Significant fiscal restraints and organizational restructuring have negatively affected nurses' work environments and are characterized by heavy workloads, increased overtime and job dissatisfaction (Bamford, Wong, & Laschinger, 2012). Not that all of these factors are or were a risk in the previous PACU environment but with the inter – professional collaboration, it seemed that there were higher powers at play, such as management and the organizational restructuring. How can one seemingly remain calm when there are many changes going on within an organization? Of course that is going to affect employee engagement. With nursing being a challenging position already, it is no wonder that if nurses don't enjoy their work, there is either high turnover or lack of employee engagement where organizational and managerial support lay.



Most of the employees that work in the PACU are happy, enjoy their work and enjoy coming to work to be with like-minded individuals. However, when other employees don't seemingly agree on who is in charge that day, who is working with what patient that was assigned to them or management just doesn't seem to be fair, that is when the energy can go from high to low.

Amongst the focus groups and the questionnaire's that were given out, the road was becoming clearer to see the challenge that has been encompassing the PACU for a long amount of time and has created a strained relationship between the employees. Now, to add an extra complication brick into the mix, with the reorganization of the new perioperative and PACU center at this hospital, it is understandable to see their fears. However, this helps add an additional force to the mix – and that is adding the staff of the medical surgical floor to the new PACU environment. A final question asked in the focus groups was what were each of the team members willing to do in order to maintain and achieve this new vision in the PACU. Positive, flexible attitudes and a willingness to set forth and work alongside different personalities than to which they were used to. Others mentioned that they wanted to maintain themselves as a resource nurse while others mentioned they wanted to get involved in a buddy system for the nurses that were having a hard time adjusting to the change or weren't quite feeling that positive vibe.

Adding the different types of employees to the focus group meetings was a helpful way to start introducing the new employees to the ones that were staying. The energy in the room was mixed but the main reason the employees were there was to meet each other, express their feelings on the new environment and the change that the hospital re-structuring is going to mean to them. After the questions were answered, a common theme was seen. The nurses all want the

best possible outcome for their patients. In getting there, they each discussed and described what a PACU meant to them. Inclusive, Supportive, Patient-Advocacy (Please see Appendix E for the words used through the Tag Cloud), all were described and stated in the focus group to which would help in creating an ideal vision statement. Engagement is a term used to describe an individual's emotional attachment to the organization that is based on their feelings about the value the organization holds toward employee contributions (Gray, 2012). The contributions of these employees and what they see as a cohesive vision is something that the organization can take in stride and shows that the employees are able to pledge that they want to succeed and are involved in the process. The focus groups that were conducted were very successful and showed a lot of promise for a bright future in the PACU.

It is said that those with positive dispositions and attitudes are more engaged (Havens, Warshawsky & Vasey, 2013). After seeing the focus groups and the way that the employees responded to one another is something that fits true if they continually desire to have that positive, engaging attitude and are willing to help one another. If the employees are able to find a way to be more engaged within their units, to actively seek within and create a positive culture within the unit, the new PACU and its employees will maintain and create a new, better culture that will ideally create the most positive of patient outcomes. Self-awareness is the ability to assess one's strengths and weaknesses (Bamford et al, 2012). Becoming more self-aware will allow the employees to really evaluate how they are and how they want to be within the new PACU environment. What are they planning on doing to help contribute to the new PACU? If they can keep to what they originally said to help and maintain a positive attitude and create a flexible work area, then they should have no trouble creating an incredible environment that shines on the word: team-work. They have to keep the promises that they make to themselves.

In looking at the achievable outcomes of the implementation stage, there is a noticeable difference in the PACU. The employees seem to be acknowledging the new changes in the PACU and seem excited for the new PACU to take place. In Lewin's change theory, after unfreezing and moving take place, after equilibrium is established, refreezing then takes place. The moving stage that will eventually make way for the refreezing stage allowed me to learn and grow as well from this experience. With that feeling of being inspired and experiencing the dedication of the nursing staff for the vision statement it was easy to put the implementation into place. The types of words that were used to describe the new PACU were words like cohesiveness, collaboration, engaging, supportive, inclusive... The list entailed a lot of words to make the vision alive. Working through the focus groups allowed the nurses to put together the perfect vision that will allow them to see the changes that they want to take place for many years to come.

After the due diligence of the nursing team, the words of the vision statement just came together and flowed beautifully. Moving from a "team of experts" to an "expert team" requires that communication be based on a foundation of trust and takes diligent effort (Kaplan, Mestel & Feldman, 2010). Diligent effort from all staff to put it lightly came together to create this: "We pledge to set a new standard of excellence through world-class service, skilled, supportive and responsible nursing practice to which we are committed to patient advocacy and innovative patient care in a climate of trust, team-work and collaboration to promote first-rate patient outcomes."

Creating a climate of trust, teamwork and collaboration takes a lot of faith from each individual employee within the PACU and enables each to build on a foundation of already knowing one another. Although the timing of this project did not allow me to see the full

benefits of the project outcomes as that will come in February when the actual change takes place, it allowed me to see the conviction of all the employees that took part in the change and who wanted to see the new and better PACU and what they envisioned. The provision of autonomy and feedback and having a supportive and participative working environment may have an impact on the motivation, commitment and satisfaction of employees which may actual impact actual turnover (Carter & Tourangeau, 2012). With this new vision statement and with management being so onboard with the change that is taking place, which has allowed the employees to form an opinion and make their voices heard, this new envisioned PACU will lead the way for better generational cohorts within the hospital system that will spill over onto other units. The energy in that room for the focus groups and the meetings that took place was palpable. The change is there to take place and the employees are willing and wanting to make this a better place to work. In doing so, they will create a very likeable ability to achieve a balance between work and home life commitments (Carter & Tourangeau, 2012).

Post data revealed an inclusive vision statement for the unit that described the vision encouraged by the employees of the unit and what they were hoping to accomplish and achieve moving forward. Although successful for the creation of the new vision statement for the unit, it is recommended that further follow up and regular employee engagement meetings be attended to ensure employees are as actively engaged to promote the best possible patient outcomes. The supervisor of the unit is well apprised of the employee engagement and wants to make sure that his employees have the best possible experiences while working. He is able and willing and wants to give his employees every tool that he can to be able to make them the best possible post anesthesia care unit nurses that they can be. When you have that working for you, employee engagement sounds like a breeze.

The level of employee engagement significantly impacts retention, absenteeism, patient satisfaction, patient outcomes and ultimately, patient safety (Wagner, 2006). While the employees remaining engaged and happy within their work is what the main goal was, the bigger obstacle is to have excellent patient outcomes that lead to higher, more effective patient satisfaction and of course patient safety. It is important to note that the employees throughout the focus groups and feedback sessions were adamant about patient satisfaction and safety being their number one goal. It is clear to see that the nurses of the peri-operative and PACU have passion for their patients and want what is best for them – which is to gain the best possible outcome. Add into the mix a new vision statement that provides for continuity of care for ideal patient outcomes and you have an unstoppable unit that will no doubt be the shining example of employee engagement coupled with first rate patient care in a very foreseeable future.

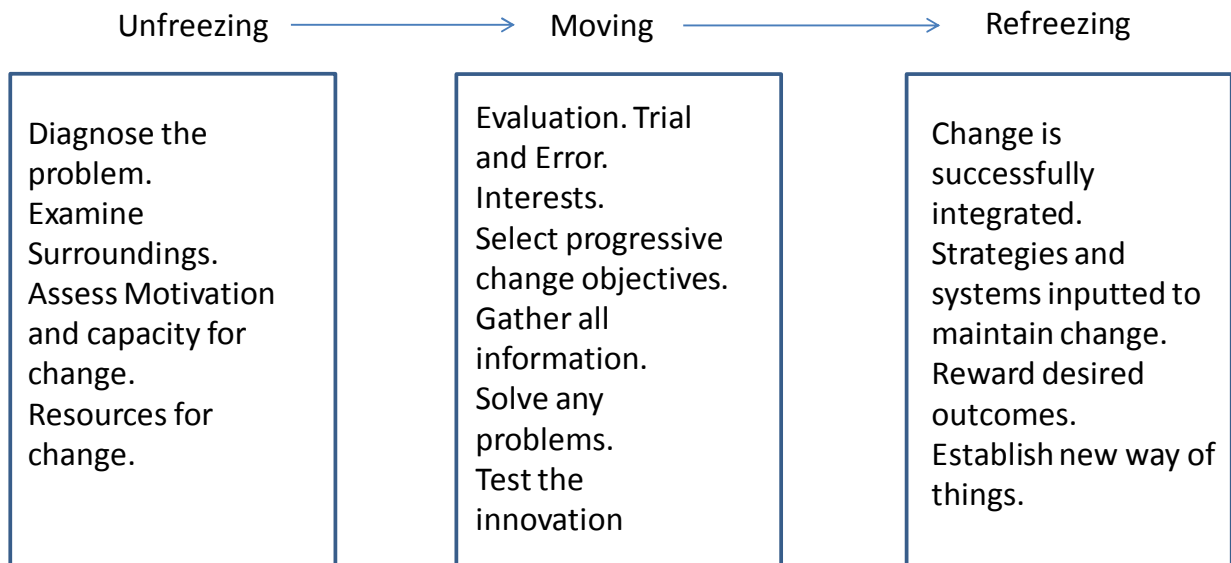
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## Appendix A

### Kurt Lewins' Change theory





## Appendix B

Summary of Q<sup>12</sup>® Results

This section shows how your mean scores compared against your past scores and Gallup's Healthcare Database.

	Grand Mean	1st Unit		2nd Unit		3rd Unit		4th Unit		Comparison	
		Now	Past	Now	Past	Now	Past	Now	Past	Gallup Healthcare	50th %
GrandMean		3.42	3.62	3.74	3.73	3.77	3.70	3.61	3.72	4.11	4.45
Q00. Overall satisfaction		3.91	4.06	4.05	3.98	3.87	3.78	3.85	3.73	4.09	4.13
Q12. Learn & grow		3.26	3.39	3.64	3.64	3.74	3.71	3.78	3.70	4.10	4.66
Q11. Progress		3.04	3.00	3.39	3.30	3.54	3.47	3.57	3.48	4.17	4.60
Q10. Best friend		2.67	2.94	3.28	3.28	3.48	3.34	3.43	3.26	3.89	4.34
Q08. Employees committed to quality		3.77	3.88	4.18	3.92	3.97	3.92	4.03	3.96	4.25	4.67
Q06. Mission/Purpose		3.69	3.94	3.88	3.80	4.00	3.84	4.05	3.96	4.23	4.58
Q07. Opinions count		3.00	3.41	3.38	3.37	3.46	3.37	3.59	3.51	3.82	4.28
Q09. Development		3.09	3.06	3.52	3.54	3.63	3.54	3.69	3.57	4.07	4.46
Q05. Care about me		3.35	3.59	3.80	3.97	3.88	3.80	3.98	3.90	4.32	4.64
Q04. Recognition		3.73	3.12	2.95	3.21	3.28	3.19	3.20	3.77	3.80	4.28
Q03. Opportunity to do best		4.00	4.24	4.18	4.18	3.95	3.81	3.82	3.86	4.25	4.57
Q02. Have materials & equipment		4.17	4.24	4.13	4.08	3.92	3.86	3.86	3.91	4.17	4.50
Q01. Know what's expected		4.41	4.65	4.54	4.48	4.37	4.36	4.22	4.29	4.58	4.78

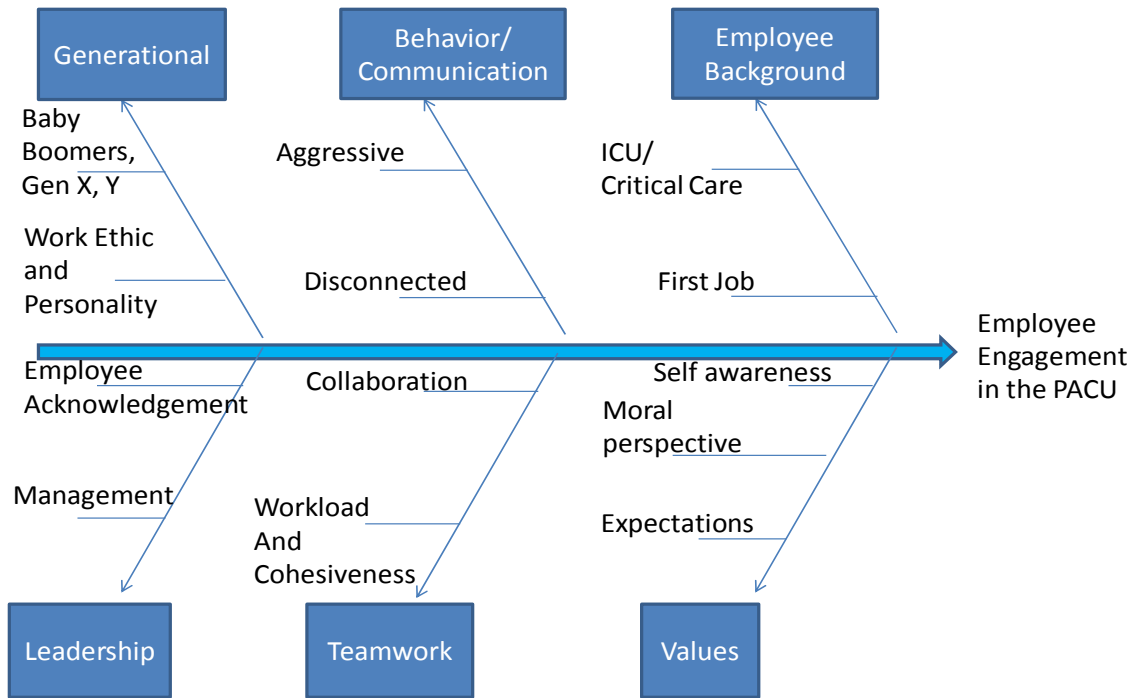
## Distribution

This section shows the distribution of responses for each of the Q<sup>12</sup> items.

	Sample Size	1st Unit					Extremely Satisfied Strongly Agree
		Extremely Dissatisfied Strongly Disagree	% 1	% 2	% 3	% 4	
Q00. Overall satisfaction	22	5	14		66		14
Q12. Learn & grow	23	13	9	26		52	
Q11. Progress	23	7	10		43		10
Q10. Best friend	21	26		26	10	33	5
Q08. Employees committed to quality	22	9	14		50		20
Q06. Mission/Purpose	22	5	27		55		9
Q07. Opinions count	22	14	27	9		45	5
Q09. Development	22	14	14	32		32	9
Q05. Care about me	20	10	10	30		35	15
Q04. Recognition	22	7	9	23		27	9
Q03. Opportunity to do best	28			61			28
Q02. Have materials & equipment	23	5	26	39		39	
Q01. Know what's expected	22	5	50			45	

## Appendix C

Fishbone Root Cause Analysis for Metropolitan San Francisco Hospital



## Appendix D

### Dream Design Session

1. I have good relationships with my coworkers in my department:

Strongly agree      Agree      Neutral      Disagree      Strongly Disagree

2. I receive the necessary support from employees within my department to help me succeed in my work:

Strongly agree      Agree      Neutral      Disagree      Strongly Disagree

3. My coworkers do a good job:

Strongly agree      Agree      Neutral      Disagree      Strongly Disagree

4. I have a manageable workload”

Strongly agree      Agree      Neutral      Disagree      Strongly Disagree

5. My coworkers help provide a pleasant work environment to which I enjoy coming to work:

Strongly agree      Agree      Neutral      Disagree      Strongly Disagree

6. My department is a team based environment:

Strongly agree      Agree      Neutral      Disagree      Strongly Disagree

Fill in the following questions honestly:

1. What are your hopes and dreams for the new ambulatory surgery center? For your patients? For you?

2. What are your concerns and the challenges you see ahead?

3. What will you need to be successful?

4. What are you willing to commit to in order for our team to be successful?

## Appendix E

